

## **Power of Preschool (PoP) Bridge Program FY 2011-12**

### **Reimbursement Forms and Instructions**

First 5 county commissions receiving First 5 California PoP Bridge 2011-2012 Coordination and Program funds in Fiscal Year 2011-12 on a reimbursement basis must complete and submit required Reimbursement Forms to First 5 California.

The Reimbursement forms are due to First 5 California on or before August 31, 2012.

Reimbursement forms for Coordination Funds consists of the following six (6) worksheets:

#### **Coordination Funds:**

- Worksheet 1 – Allowable Activities
- Worksheet 2 – Management Activities
- Worksheet 3 – Service Activities
- Worksheet 4 – Evaluation Activities
- Worksheet 5 – Budget Summary Totals/Certification Form
- Worksheet 6 – Contractual Information Form

Reimbursement forms for Program Funds consists of the following six (6) worksheets:

#### **Program Funds:**

- Worksheet 1 – Infant-Toddler Spaces Verification Form
- Worksheet 2 – Infant-Toddler Reimbursement & Certification Form
- Worksheet 3 – Preschool Spaces Verification Form
- Worksheet 4 - Preschool Reimbursement & Certification Form
- Worksheet 5 – Total State Reimbursement
- Worksheet 6 – Contractual Information Form

The above Reimbursement forms are in Excel format and available on the First 5 California website at: <http://www.ccfc.ca.gov/commission/funding.asp>, under the Power of Preschool Bridge for Fiscal Year 2011-12 – Request for Funding Application section.

Please complete all applicable worksheets related to the approved program for which reimbursement is being claimed. The reporting fiscal agent will be responsible for completing all cells shaded in yellow. White, gray, green and blue cells will populate and/or calculate based upon information entered into the yellow-shaded cells.

**Submit a hard copy of the entire package with original signature on all appropriate pages to:**

First 5 California  
Attention: Sofie Paredes  
2389 Gateway Oaks Drive, Suite 260  
Sacramento, CA 95833

**Completing the Coordination Funds Reimbursement Forms**

1. **Worksheet 1** – Summary of Allowable Coordination Activities is for informational purposes only; no data is required to be entered by the county.

To access each worksheet, select the appropriate tab located at the bottom of the workbook. Select the name of the reporting county using the drop-down menu that can be accessed by clicking on the down arrow to the immediate right of the cell named “Select County”, thereafter, type in the county’s address, city, and zip code.

2. **Worksheet 2** – Management Activities, select county name from the drop-down menu. In Cell A1 enter a brief, clear description of the performed Management Activity. Indicate if the performed Management Activity is a contractual service by stating “yes” or “no”; do not choose both and do not leave blank. Enter the expenditure amount associated with the activity for each applicable column heading for which reimbursement is being claimed. Only data in the yellow fields can be entered; the gray cells contain formulas and will calculate accordingly.
3. **Worksheet 3** – Service Activities, select county name from the drop-down menu. In Cell B1 enter a brief, clear description of the performed Service Activity. Indicate if the performed Service Activity is a contractual service by stating “yes” or “no”; do not choose both and do not leave blank. Enter the expenditure amount associated with the activity for each applicable column heading for which reimbursement is being claimed. Only data in the yellow fields can be entered; the gray cells contain formulas and will calculate accordingly.
4. **Worksheet 4** – Evaluation Activities, select county name from the drop down menu. In Cell C1 enter a brief, clear description of the performed Evaluation Activity. Indicate if the performed Evaluation Activity is a contractual service by stating “yes” or “no”; do not choose both and do not leave blank. Enter the expenditure amount associated with the activity for each applicable column heading for which reimbursement is being claimed. Only data in the yellow fields can be entered; the gray cells contain formulas and will calculate accordingly.
5. **Worksheet 5** – Budget Summary Totals, select the name of the reporting county from the drop-down menu and type address, city and zip code. This worksheet automatically populates all fiscal information from the Management, Service, and Evaluation Activity Worksheets. The First 5 county commission executive director or authorized commission representative **must** sign and date this form and submit original to First 5 California.
6. **Worksheet 6** – Contractual Information, select the name of the reporting county from the drop-down menu and type address, city and zip code. This form is required only **if** contractual services are performed for the county. Enter each subcontractor’s name, purpose of the subcontract, and amount of each subcontract.

## **Completing the Program Funds Reimbursement Forms**

- Worksheet 1 – Infant-Toddler Spaces Verification
  - Worksheet 2 – Infant-Toddler Reimbursement Form
  - Worksheet 3 – Preschool Spaces Verification
  - Worksheet 4 – Preschool Reimbursement Form
  - Worksheet 5 – Total State Reimbursement
  - Worksheet 6 – Contractual Information Form
1. **Worksheet 1** – Infant-Toddler Spaces, select the name of the reporting county from the drop-down menu by clicking on the down arrow. Enter the county's Executive Director's name, address, city, zip code, and telephone number.
    - a. In Section A, enter the number of Operational Spaces for Newly Publicly Funded Spaces for Option 1 (Center-Based) and Option 2 (Family Child Care Homes) and select the appropriate quality levels. The subtotals and total will automatically calculate.
    - b. In Section B, enter the number of Operational Spaces for Improved Publicly Funded Spaces for Option 1 (Center-Based) and Option 2 (Family Child Care Homes) and select the appropriate quality levels. The subtotals and total will automatically calculate.
    - c. **Note:** The Total for Newly and Improved Publicly Funded Spaces cannot exceed the authorized number of spaces at time of application approval. Please refer to PoP Bridge FY 2011-12, Enrollment Projection Form AP-PoP-2 of the approved application for the authorized number of spaces.
  2. **Worksheet 2** – Infant-Toddler Reimbursement, select the name of the reporting county from the drop-down menu by clicking on the down arrow. This form is divided into five separate sections: (1) Personnel, (2) Benefits, (3) Operating Cost, (4) Evaluation, and (5) Administrative Costs.
    - a. Personnel – Working from left to right, enter each personnel classification/title (list separately), number of positions, actual percentage of full-time equivalent (FTE), followed by actual full-time annual salary. **Note: Do not carry out the FTE percentage more than two decimal places**. The "Subtotal" column contains a formula that will automatically calculate the Staff Salaries Subtotal.
    - b. Benefits – Enter the total staff benefits in this column.
    - c. Operating Cost – Enter the total amount expended for each operating cost type listed. If "Other" operating cost is selected, provide a brief description. The Operating Cost Subtotal will automatically calculate.
    - d. Evaluation – Enter the total amount actually expended for Evaluation.

- e. Administrative Costs – Enter the total amount expended for administrative costs, as appropriate. **Note:** The indirect and administrative costs combined cannot exceed 15% of the total annual allocation amount.
- f. The right side of the form is divided into two subdivisions: (1) Local Contribution and (2) Amount to be Reimbursed by State. For each budget category from the left side of form, enter breakdown of expenditures to the right between the Local Contribution and Amount to be Reimbursed by State.

**Note:** The totals at the bottom of the Reimbursement form for Local and State contributions **must at least** be equally matched (Local/State 1:1). In **no case** can the State Reimbursement Amount be **more** than the Local Contribution. Also, the Amount to be Reimbursed by the State **cannot exceed** the Total for Newly/Improved Funded Spaces as shown in Line 19 of Worksheet 1.

- g. The First 5 county commission executive director or authorized commission representative must sign and date this form prior to submission to First 5 California.

All data inputted into the above five categories (a–e) will populate into Worksheet 5, Total State Reimbursement.

- 3. **Worksheet 3 – Preschool Spaces**, select the name of the reporting county from the drop-down menu by clicking on the down arrow. Enter the county's Executive Director's name, address, city, zip code, and telephone number.
  - a. In Sections A, enter the number of Operational Spaces for Newly Publicly Funded Spaces and select the appropriate quality levels. The total will automatically calculate.
  - b. In Section B, enter the number of Operational Spaces for Improved Publicly Funded Spaces and select the appropriate quality levels. The total will automatically calculate.
  - c. **Note:** The Total for Newly and Improved Publicly Funded Spaces **cannot exceed** the authorized number of spaces at time of application approval. Please refer to PoP Bridge FY 2011-12, Enrollment Projection Form AP-PoP-2 of the approved application for the authorized number of spaces.
- 4. **Worksheet 4 – Preschool Reimbursement**, select the name of the reporting county from the drop-down menu by clicking on the down arrow. This form is divided into five separate sections: (1) Personnel, (2) Benefits, (3) Operating Cost, (4) Evaluation, and (5) Administrative Costs.
  - a. Personnel – Working from left to right, enter each personnel classification/title (list separately), number of positions, actual percentage of full-time equivalent (FTE), followed by actual full-time annual salary. **Note:** **Do not carry out the FTE percentage more than two decimal places.** The "Subtotal" column contains a formula that will automatically calculate the Staff Salaries Subtotal.
  - b. Benefits – Enter the total staff benefits in this column.

- c. Operating Cost – Enter the total amount expended for each operating cost type listed. If “Other” operating cost is selected, provide a brief description. The Operating Cost Subtotal will automatically calculate.
- d. Evaluation – Enter the total amount actually expended for Evaluation.
- e. Administrative Costs – Enter the total amount expended for administrative costs, as appropriate. **Note:** The indirect and administrative costs combined cannot exceed 15% of the total annual allocation amount.
- f. The right side of the form is divided into two subdivisions: (1) Local Contribution and (2) Amount to be Reimbursed by State. For each budget category from the left side of form, enter breakdown of expenditures to the right between the Local Contribution and Amount to be Reimbursed by State.

**Note:** The totals at the bottom of the Reimbursement form for Local and State contributions **must at least** be equally matched (Local/State 1:1). In **no case** can the State Reimbursement Amount be **more** than the Local Contribution. Also, the Amount to be Reimbursed by the State **cannot exceed** the Total for Newly/Improved Funded Spaces as shown in Line 19 of Worksheet 1.

- g. The First 5 county commission executive director or authorized commission representative must sign and date this form prior to submission to First 5 California.

All data inputted into the above five categories (a–e) will populate into Worksheet 5, Total State Reimbursement.

- 5. **Worksheet 5** - Total State Reimbursement, select the name of the reporting county from the drop-down menu by clicking on the down arrow. This worksheet pre-populates data from the fiscal information entered by the county into the Infant-Toddler and Preschool Worksheets. No data input is required by county. This worksheet automatically populates all fiscal information from the Management, Service, and Evaluation Activity Worksheets. The First 5 county commission executive director or authorized commission representative **must** sign and date this form and submit original to First 5 California.
- 6. **Worksheet 6** – Contractual Services Information, select the name of the reporting county from the drop-down menu by clicking on the down arrow. Submission of this form is required **if** any of the costs detailed in the Infant-Toddler and Preschool Worksheets are performed by a subcontractor(s). Enter the name of the reporting county and all relevant subcontractor information requested.
- 7. The total amount of all subcontracts will automatically calculate.

**NOTE:** Reimbursement Forms for PoP Bridge **cannot** be considered complete unless a hard copy is submitted with an original signature, on all appropriate pages, to the address below:

First 5 California  
Attention: Sofie Paredes  
2389 Gateway Oaks Drive, Suite 260  
Sacramento, CA 95833